



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF PUBLIC TRANSPORTATION
MOTOR TRANSPORT SERVICES
2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546

APPLICATION NO. _____

APPLICATION FOR CERTIFICATE TO OPERATE MOTOR BUS SERVICE

This application for a certificate to operate motor bus service must be filled out legibly by type or in ink, executed under oath, and returned to the Department of Transportation.

Submit with application statement of proposed fares, schedule of service, and map showing proposed route of travel and letter of approval from the traffic authority of each town and city where Applicant will provide service over such proposed route on local streets and letters from private property owners giving permission for Applicant to come onto property for pickup and drop-off of passengers and to allow passengers to park vehicles on property.

If there is not sufficient space under any question on the application form to give complete information, use a separate sheet (size 8 1/2" x 11") marked with the number of the paragraph to which it relates and attach to the application.

Attach a statement from the Connecticut State Police as to criminal history conviction record or absence thereof for Applicant, if individual; for each partner, if Applicant is a partnership; for each member, if Applicant is a limited liability corporation; or for principal officers and for each person owning ten (10) percent or more of the outstanding debt or equity of the Applicant, if Applicant is a corporation. A checklist of the above has been included with this application for the convenience of the Applicant.

To DEPARTMENT OF TRANSPORTATION, 2800 Berlin Turnpike - P. O. Box 317546
BUREAU OF PUBLIC TRANSPORTATION, Newington, CT 06131-7546

Application is hereby made under the provisions of the General Statutes for a certificate of public convenience and necessity to operate, hereinafter described:

Name of Applicant _____

doing business as _____

Street and Number _____
(Physical Location)

Town, City, State, Zip Code _____

Mailing Address (If different _____

1. a. If Corporation or LCC, date and state of incorporation or filing.

Date _____ State _____

- b. Name and residence address of officers or corporation or members of LLC:

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Length of route in miles _____

3. Describe proposed route from beginning to end, giving names of towns, and cities, roads and streets through or over which service would be operated. _____

4. Would bus service be performed in connection with any other business? _____
If so, what? _____

5. Has Applicant(s) had any experience in the transportation of passengers for hire by motor vehicles?
If so, describe this experience: _____

6. Has Applicant(s) had any motor vehicle accidents while operating a motor vehicle? _____
If so, state approximate date and give details: _____

7. Has Applicant(s) ever been convicted in a court of any crime or offense other than motor vehicle violations?
Yes _____ No _____

If yes, state approximate dates and state the nature of the crime or the court and the penalty imposed. _____

8. Has your, your partner(s), any member's or any officer's operators license ever been suspended or revoked?

If so, by what State? Give reason, approximate dates, and length of suspension (if a suspension): _____

9. If Applicant(s) are being represented by an attorney/representative, please give the name, address and telephone number: _____

10. If Applicant, whether incorporated or unincorporated, is not a resident of the State of Connecticut, state name and address of agent for service of legal process or notice.

11. Please fill out the attached balance sheet, to indicate the current financial position of the Applicant(s). The balance sheet must have been prepared within the last six months.

APPLICATION BALANCE SHEET - FISCAL ANALYSIS

ASSETS

LIABILITIES

CASH	_____	ACCOUNTS PAYABLE	_____
ACCOUNTS RECEIVABLE	_____	NOTES PAYABLE	_____
MATERIALS AND SUPPLIES	_____	*OTHER LIABILITIES	_____
MOTOR VEHICLES	_____	(describe below)	
REAL ESTATE	_____		
*OTHER ASSETS	_____		
(describe below)		TOTAL LIABILITIES	_____
		INDIVIDUAL'S OR PARTNER'S	
		CAPITAL ACCOUNT(S)	_____
		CAPITAL STOCK	_____
		ADDITIONAL PAID IN CAPITAL	
		RETAINED EARNINGS	_____
		TOTAL CAPITAL	_____
<u>TOTAL ASSETS</u>	_____	<u>TOTAL LIABILITIES & CAPITAL</u>	_____

NOTE: Total Assets must equal Total Liabilities and Capital

*Describe Assets and Liabilities below:

To be executed by proprietor, each member of partnership, authorized officer of a corporation, or authorized member of limited liability company.

State of _____

County of _____ SS

I, the undersigned

APPLICANT:

(NAME) [Please Print]

(TITLE)

(Home & Business No.)

Under oath, say that the foregoing application has been prepared by me, or under my direction, that I have carefully examined the same, and I declare the same to be correct to the best of my knowledge, information and belief.

Subscribed and sworn to before me

this _____ day of _____ 20 _____

(Notary Public)

(Applicant's Signature)

NOTICE

Application No. _____

Pursuant to Connecticut General Statute 4a-79, you must file your applicable Social Security number or F.E.I.N. number with every application for a license from the State of Connecticut.

Once a year we must forward this information to the Connecticut Department of Revenue Service.

While we must share this information with the above, this information is not available through a standard request by the general public. Once filed with your application, this page will be segregated into a special CONFIDENTIAL file.

Failure to file this information with your application will cause us to return it as incomplete.

NAME _____
(Individual, Partnership, Corporation, LLC)

INDIVIDUAL(S) SOCIAL SECURITY NO(S). _____

(FOR SOLE PROPRIETOR OR PARTNERSHIP) _____

BUSINESS F.E.I.N. NO. _____

APPLICATION CHECK SHEET - REGULAR ROUTE BUS

- A. LIST OF CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY (LLC) MEMBERS
- B. LIST OF ANY PARTY HOLDING 10% OR MORE OF STOCK OF CORPORATION
- C. CONNECTICUT STATE POLICE STATEMENT ON ALL PERSONS LISTED IN ITEMS A & B ABOVE, SOLE PROPRIETOR OR PARTNERS
- D. FINANCIAL STATEMENT, LATEST AVAILABLE
- F. CERTIFIED COPY OF CERTIFICATE OF INCORPORATION OR ARTICLES OF ORGANIZATION (ALSO OPERATING AGREEMENT, IF AVAILABLE FOR LLC)
- G. IF A TRADE NAME IS USED, A CERTIFIED COPY OF CERTIFICATE OF ADOPTION, AS FILED WITH THE CITY/TOWN CLERKS IN PRINCIPAL BUSINESS LOCATION(S)
- H. NAME OF ATTORNEY OR AUTHORIZED REPRESENTATIVE, IF ANY
- I. IF APPLICANT IS NOT A RESIDENT OF THE STATE OF CONNECTICUT, WHETHER INCORPORATED OR UNINCORPORATED, THE NAME, ADDRESS AND TELEPHONE NUMBER OF AN AGENT FOR SERVICE OF LEGAL PROCESS
- J. SIGNATURES AND TELEPHONE NUMBERS
- K. APPLICATION NOTARIZED
- L. MAP OF ROUTE TO BE TAKEN
- M. STATEMENT OF PROPOSED FARES AND SCHEDULES OF SERVICE
- N. LETTER OF APPROVAL FROM THE TRAFFIC AUTHORITY OF EACH TOWN AND CITY WHERE APPLICANT(S) WILL PROVIDE SERVICE OVER SUCH PROPOSED ROUTES OR LOCAL STREETS.
- O. LETTERS FROM PRIVATE PROPERTY OWNERS GIVING PERMISSION FOR APPLICANT TO COME ONTO PROPERTY FOR PICKUP AND DROPOFF OF PASSENGERS AND TO ALLOW PASSENGERS TO PARK VEHICLES ON PROPERTY
- P. **COMPLETED FORM REQUESTING SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER'S IDENTIFICATION NUMBER. (APPLICATION WILL BE RETURNED WITH CHECK AS INCOMPLETE IF NOT INCLUDED WITH THE FILED PACKAGE)**

PLEASE REFER TO THE ABOVE TO BE SURE YOUR APPLICATION IS COMPLETE